

Foster Family Home - Corrective Action Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID: 1-110052-7

1919 Beckley Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 5/17/2019

Foster Family Home

Required Certificate

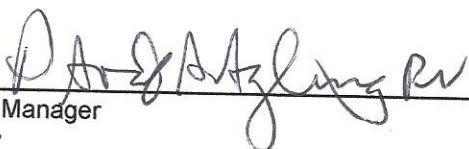
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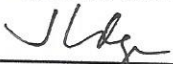
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/17/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date